CHILDREN'S HOME SOCIETY
Washington

Wristband#(s)_____
Confirmed pick-up_____
Donation _____
A.M. P.M.
Duration:

Children's Home Society of Washington
Seattle Municipal Court
600 5th Avenue – 2nd floor Rm. #235
206-793-3282 **DATE**_____
Please Print **Name of Parent**/Guardian (or person dropping off child): _____

Your Address:_____ City_____ State_____ Zip Code_____
Home
City Limits?Yes___ No___ Phone:(_____)_____-_____ Pager/Cell:(_____)_____-_____ Work:(_____)_____-_____

Court Location (please circle) **SMC or Superior Court** **Court Room #**_____ **Court Case #:**_____
What is your court-related business? Domestic_____ Custody_____ Juvenile Dependency_____ Arraignment_____ Sentencing_____
ARY/CHINS_____ Other_____

Child # 1 Information: PLEASE PRINT
First and Last
Name:_____
Date of Birth:_____ **Sex:**_____
Is your child Hispanic/Latino?_____
____African, African-American, or Black
____Asian (not Pacific Islander)
____Hawaiian Native or Pacific Islander
____American Indian or Alaska Native
____White or Caucasian
____Other
____ Bi-Racial or Multi-Racial. Please list _____

What is your Relationship to this child?_____

Does your child have allergies/chronic illnesses?_ _____
_____
Is your child taking any medications?_____

Are your child's immunizations current?_____
Is there anything we should know about your child to make his/her stay more enjoyable?
_____

Please (circle) Primary language: English Spanish Other Please list_____ Limited English/Non-English speaking □

CHILD # 2 Information: PLEASE PRINT
First and Last
Name:_____
Date of Birth:_____ **Sex**:_____
Is your child Hispanic/Latino?_____
____African, African-American, or Black
____Asian (not Pacific Islander)
____Hawaiian Native or Pacific Islander
____American Indian or Alaska Native
____White or Caucasian
____Other
____ Bi-Racial or Multi-Racial. Please list _____

What is your Relationship to this child? _____

Does your child have allergies/chronic illnesses?_____
_____
Is your child taking any medications?_____

Are your child's immunizations current?_____
Is there anything we should know about your child to make his/her stay more enjoyable?
_____

Please (circle) Primary language: English Spanish Other Please list_____ Limited English/Non-English speaking □

Emergency Contacts:

In the event of an emergency and I cannot be reached, I hereby authorize Children's Home Society- Washington staff to contact and release my child to the following person(s):

1. Name _____ Relationship _____Telephone (_____)_____-_____
   Street Address _____ City _____ State _____ Zip Code _____
2. Name _____ Relationship _____ Telephone (_____)_____-_____
   Street Address _____ City _____ State _____ Zip Code _____

(Please turn over and complete other side of form……)

REV: 09/25/06 by J.M.

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Authorization and Consent:

Date of last Physical Exam: _____

Name of Child's Physician: _____ Physician's number: _____

Physician's address_____ City:_____

Name of Child's Dentist:_____ Dentist's number:_____

Dentist's address:_____ City:_____

I hereby give permission that my child, _____ _may be given emergency treatment by a qualified
(child(ren)'s name)
child care provider at Children's Home Society Drop in Childcare. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child (ren). When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I understand the staff in the childcare center is trained in the basics of First Aid and CPR, and I authorize staff to give my child (ren) first aid when appropriate.
I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____
Parent/Guardian Signature (Full Legal Signature) Date

Licensing information is available upon request

Time in:_____ Signature:_____ Time out:_____ Signature:_____
Time in:_____ Signature:_____ Time out:_____ Signature:_____

WANT MORE INFO ??

Children's Home Society –WA offers a variety of family services. Circle any for which you would like more information.

Counseling Family Resource Center Parenting Classes Head Start/Early Head Start Childcare

Nothing at this time

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EXTRA PAGE FOR ENROLLMENT FORM

Child Information: PLEASE PRINT

What is your Relationship to this child?_____

First and Last Name:_____
Date of Birth:_____ **Sex:**_____
Is your child Hispanic/Latino?_____
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____Hawaiian Native or Pacific Islander
____American Indian or Alaska Native
____ Caucasian or White
____ Bi-Racial or Multi-Racial. Please list _____
____Other

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Is your child taking any medications?_____
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Are your child's immunizations current?_____
Is there anything we should know about your child to make his/her stay more enjoyable?___
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Primary language: ☐English ☐Spanish ☐Other Please list_____ Limited English/Non-English speaking ☐

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